

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/759,391</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">January 16, 2004</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Kishan Shenoi</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">2861</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">Tonya, Lee</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">SYMM/0015</td> </tr> </table>	Application Number	10/759,391	Filing Date	January 16, 2004	First Named Inventor	Kishan Shenoi	Art Unit	2861	Examiner Name	Tonya, Lee	Attorney Docket Number	SYMM/0015
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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.			
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	William Slater		
Date		Telephone	(408) 433-0910
NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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